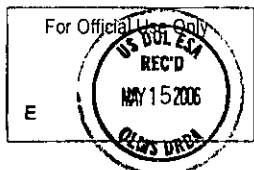


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

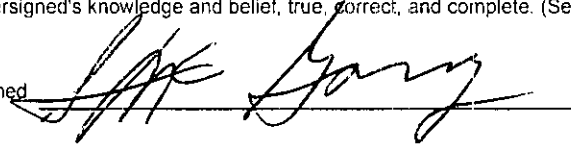
1. File Number U - 08979	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name Sean McGarvey P.O. Box, Bldg., Room No., if any Street 815 16th Street, N.W. City Washington State District of Columbia ZIP Code + 4 20006	4. Name, file number, and address of labor organization. Name Int'l. Union of Painters Allied Trades Labor Organization File Number 000-035 P.O. Box, Building and Room Number, if any Street 1750 New York Avenue, N.W. City Washington State District of Columbia ZIP Code + 4 20006-5301
5. Position in labor organization. General VP at Large (1/1 to 10/31)	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount. 

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed  On 5/15/2005 202-347-1461  
Date Telephone Number

Name of Person Filing <b>Sean McGarvey</b>	File Number U- <b>08979</b>
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<p><b>8. Name and address of Business (including trade name, if any).</b></p> <p>Name <input style="width: 80%;" type="text" value="Kelly Press, Inc."/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text" value="1701 Cabin Branch Drive"/></p> <p>City <input style="width: 80%;" type="text" value="Cheverly"/></p> <p>State <input style="width: 20%;" type="text" value="Maryland"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="20785"/></p>	<p><b>9. Business deals with:</b></p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p><b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b></p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p><b>11.a. Nature of such dealing.</b></p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;">             Printing services           </div> <p><b>11.b. Approximate dollar value of such dealing.</b> <input style="width: 100px;" type="text" value="\$586,182"/></p> <p><b>12.a. Nature of interest held or income received.</b></p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;">             1/3/05; 1/21/05; 2/27/05; 6/16/05 - Meals              1/4/05 - Hunting              4/21/05 - Golf              11/23/05 - Thanksgiving Turkey           </div> <p><b>12.b. Amount.</b> <input style="width: 100px;" type="text" value="\$703"/></p>

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<p><b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b></p> <p>Name <input style="width: 80%;" type="text" value="Sierra Investment Partners, Inc."/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text" value="Suite 300"/></p> <p>Street <input style="width: 80%;" type="text" value="101 Ygnacio Valley Road"/></p> <p>City <input style="width: 80%;" type="text" value="Walnut Creek"/></p> <p>State <input style="width: 20%;" type="text" value="California"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="94596-4061"/></p>	<p><b>14.a. Nature of payment.</b></p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;">             10/16/05 - Golf and meals           </div> <p><b>14.b. Amount of payment.</b> <input style="width: 100px;" type="text" value="\$607"/></p>
<p><b>13.b. Is the Business an Employer</b> <input checked="" type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b></p>	

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Chartwell Investment Partners

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 400

Street 1235 Westlakes Drive

City Berwyn

State Pennsylvania ZIP Code + 4 19312-2416

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name IUPAT Officers &amp; Employees Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1750 New York Avenue, N.W.

City Washington

State District of Columbia ZIP Code + 4 20006

## 11.a. Nature of such dealing.

Investment management. Filer is a participant in fund but holds no position with Trust.

11.b. Approximate dollar value of such dealing.

\$134,790

## 12.a. Nature of interest held or income received.

4/20/05 - Meal

2/2/05; 6/2/05; 9/23/05 - Golf

12.b. Amount.

\$649